## FORMLD



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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL					
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OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response ...... 16.00

SEC USI	E ONLY
Prefix	Serial
DATE RE	CEIVED

		ľ
Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.) RACI Holding, Inc. Recapitalization		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 E Rule 506 Section 4(6) ULOE		<i>y</i>
Type of Filing:   New Filing Amendment	DECEIVED	
A. BASIC IDENTIFICATION DATA	<b>%</b> /	
Enter the information requested about the issuer	_!	3003
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  RACI Holding, Inc. (the "Company")	2	(1003
Address of Executive Offices (Number and Street, City, State, Zip Code)  870 Remington Drive, P.O. Box 700, Madison, North Carolina, 27025-0700  Telephone Number (Including Area) (336) 548-8700	éa Code) 207	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Same as above.  Telephone Number (Including Area)	ea Codè)	
Brief Description of Business		
The Company and its subsidiaries are engaged in the design, manufacture and sale of sporting goods products for the hunting/shooting spo	orts and related ma	irkets.
Type of Business Organization  Corporation limited partnership, already formed other (please specify):  business trust limited partnership, to be formed	PROCES	SSED
Actual or Estimated Date of Incorporation or Organization:  Month Year  1 0 9 3  Actual Estimated	FEB 2 7	2003
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	THOIVIS FINANC	

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Millner, Thomas L.	`individual)			.,	
Business or Residence Addres c/o RACI Holding, Inc., 870 R			h Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	E Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Little, Mark A.	individual)				
Business or Residence Addres c/o RACI Holding, Inc., 870 R			h Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Bristol, Ronald H. II	individual)				
Business or Residence Addres c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Cahan, Paul L.	individual)				
Business or Residence Address c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Bunting, Jay M.	individual)			and the second second	
Business or Residence Address c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Dwyer, John M.	individual)	<u> </u>		NAME OF THE PROPERTY OF THE PR	
Business or Residence Address c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700	****	,
Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Euritt, Robert L.	individual)				
Business or Residence Address c/o RACI Holding, Inc., 870 R			Carolina, 27025-0700		

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	■ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Grecco, Samuel G.	individual)		, , , , , , , , , , , , , , , , , , ,		
Business or Residence Address c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Hendrix, Leon J., Jr.	individual)				
Business or Residence Address c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Sherrill, Stephen C.	individual)				
Business or Residence Address c/o Bruckmann, Rosser, Sherri	(Number and Stre II & Co, LLC, 126 I	et, City, State, Zip Code) East 56 <sup>th</sup> Street, New York,	New York, 10022		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last name first, if Schwarzkopf, Norman H.	individual)			, , , , , , , , , , , , , , , , , , , ,	
Business or Residence Address c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Ames, B. Charles	individual)				
Business or Residence Address c/o RACI Holding, Inc., 870 R			n Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last name first, if Babiarz, Michael G.	individual)			And a stage of	
Business or Residence Address c/o RACI Holding, Inc., 870 Re			Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last name first, if Brown, Bobby R.	individual)				
Business or Residence Address c/o RACI Holding, Inc., 870 Re			Carolina, 27025-0700		

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Gilleland, Richard A.	individual)				
Business or Residence Addres c/o RACI Holding, Inc., 870 R	s (Number and Stree Remington Drive, P.C	t, City, State, Zip Code) D. Box 700, Madison, North	h Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last name first, if Heckert, Richard E.	individual)				
Business or Residence Addres c/o RACI Holding, Inc., 870 R			h Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last name first, if Howe, Hubbard C.	individual)				
Business or Residence Address c/o RACI Holding, Inc., 870 R			h Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	■ Director	General and/or Managing Partner
Full Name (Last name first, if Ireland, Thomas E.	individual)				
Business or Residence Address c/o RACI Holding, Inc., 870 R			1 Carolina, 27025-0700		
Check Box(es) that Apply:	Promoter [	■ Beneficial Owner*	Executive Officer Di	rector Gene	eral and/or Managing Partner
Full Name (Last name first, if The Clayton & Dubilier Private		nited Partnership ("C&D F	Fund IV") *		
the beneficial owner of the sha	res owned by C&D I rols the voting and d	Fund IV. Associates IV ha ispositive power of Associ	s the power to direct C&D Frates IV with respect to the sh	und IV as to the vot hares owned by C&l	tue of such status may be deemed to be ing and disposition of shares held by D Fund IV. Associates IV, in its capacity
Business or Residence Address 270 Greenwich Avenue, Green					
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Bruckmann, Rosser & Sherrill	,	und II")*			
Business or Residence Address c/o Bruckmann, Rosser, Sherri	•		New York 10022		
Fund II. BRSE has the power	to direct BRS Fund I the shares owned by	I as to the voting and dispo	sition of shares held by BRS	Fund II. No person	tial owner of the shares owned by BRS controls the voting and dispositive l, expressly disclaims beneficial
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Rosser, Harold O.	individual)				
Business or Residence Address		t, City, State, Zip Code) ast 56 <sup>th</sup> Street, New York,	New York, 10022		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INF	ORMATIC	ON ABOU"	OFFERI	NG				
														Yes No
1.	Has the	issuer sold	, or does th	e issuer inte	end to sell,	to non-accr	edited inve	stors in this	offering?					🗆 🗷
								Column 2,	-					
2.	What is	the minim	um investn	ent that wil	l be accepte	ed from any	individual	?		••••				\$N/A
														Yes No
	3. Does the offering permit joint ownership of a single unit?										1400			
	solicitat registere	ion of purc ed with the	hasers in co SEC and/o	onnection were with a star	ith sales of	securities i list the nan	n the offeri ne of the br	ng. If a pers oker or deal	on to be lis	ted is an as	sociated pe	rson or age	nilar remune nt of a broke are associate	eration for er or dealer ed persons of such a
Full N	Name (L	ast name f	irst, if indiv	vidual)										
Not a	pplicabl	e.												
Busin	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)							
Name	of Asso	ciated Bro	ker or Deal	er										
States	s in Whic	ch Person I	Listed Has	Solicited or	Intends to	Solicit Purc	hasers							
	(Check	'All States'	" or check i	ndividual S	tates)	•••••	• • • • • • • • • • • • • • • • • • • •				•••••			☐ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
	<u> </u>	<u> </u>	rst, if indiv		[17]	[01]	[ • 1 ]	[VA]	[WA]	[ [ [ V V ]	[WI]	[ •• 1 ]	[FK]	
	(		- <b></b> ,	,										
Busin	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	lode)							
					,,		,							
Name	of Asso	ciated Brol	ker or Deal	 er										20.00
States	in Whic	h Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers							
	(Check "	'All States"	' or check i	ndividual S	tates)								.,,.,,	☐ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	a i i i diano
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
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	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	Name (L	ast name fi	irst, if indiv	ridual)										
Busin	ess or Re	esidence A	ddress (Nu	imber and S	Street, City,	State, Zip (	Code)							
Name	of Asso	ciated Brol	ker or Deal	er										
					Intends to S									
	•				tates)									☐ All States
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	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🗵\* and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold Debt ..... \$32,891,480.11 \_\_\_ \$32,891,480.11 \_ \$30,853,093.63 \$30,853,093.63 Equity ..... □ Preferred X Common Convertible Securities (including warrants).... \$0 Partnership Interests \$0 )..... \$0\_ Other (Specify \$63,744,573.74 \_\_\_\_\_ Total ..... \$63,744,573.74 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors \$63,744,573.74 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505..... Regulation A Rule 504..... Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees □ \$\* Printing and Engraving Costs. □ \$\*\_\_\_\_\_ Legal Fees..... □· \$\*\_\_\_\_\_ Accounting Fees ..... □ \$\* Engineering Fees Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) □ \$\*

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\* This is an exchange offering in part; expenses will be paid from general corporate funds.

Total

	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES AND US	E OF PROCEEDS							
b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."									
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.									
	Payments to Officers, Directors, & Affiliates									
	Salaries and fees		\$	\$						
	Purchase of real estate		\$	\$						
	Purchase, rental or leasing and installation of machinery and equip	ment	\$	\$						
	Construction or leasing of plant buildings and facilities		\$	<b>\$</b> .						
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) \$									
	Repayment of indebtedness	\$	\$							
	Working capital		\$	\$						
	Other (specify): Repurchase of stock.	■ \$63,744,573.74	<b>\$</b>							
		\$	\$							
	Column Totals		\$	<b>\$</b>						
	Total Payments Listed (columns totals added)	🗵 \$63,744,573.74								
	D CC	DERAL SIGNATURE								
an t	issuer has duly caused this notice to be signed by the undersigned duly ndertaking by the issuer to furnish to the U.S. Securities and Exchange accredited investor pursuant to paragraph (b)(2) of Rule 502.	authorized person. If this notice is filed								
	er (Print or Type) CI Holding, Inc.	Signature	Date Februar	y 24, 2003						
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		-						
			_	•						
/\	MARK A Little	EVA, CFO, CAO &	rensurer							

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)